



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mika H. Laaksonen

Title: PROCESSING IMAGES OR
AUDIO REPRESENTATION

Appl. No.: 10/036,182

Filing Date: 12/28/2001

Examiner: Jones, Heather R.

Art Unit: 2616

Confirmation Number: 4864

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 424658963 US	June 8, 2006
<small>(Express Mail Label Number)</small>	<small>(Date of Deposit)</small>
<i>Charles J. Schreck</i>	
<small>(Printed Name)</small>	
<i>Charles J. Schreck</i>	
<small>(Signature)</small>	

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated 03/08/06, and in the Advisory Action dated November 17, 2005 finally rejecting Claims 1-30.

- ☐ Applicant claims small entity status.
- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:
- ☒ Notice of Appeal Fee
- ☒ To be paid as detailed below
- ☐ Not required (Fee paid in prior appeal)

06/12/2006 WASFAW1 00000005 10036182

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500.00 OP

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input type="checkbox"/>	Extension month:	\$0.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$500.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$500.00

A credit card payment form in the amount of \$500.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date June 8, 2006
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By Marshall J. Brown
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